

# **DEPARTMENT OF REGULATORY AGENCIES**

## **Division of Registrations**

### **Board of Nursing**

#### **3 CCR 716-1**

#### **CHAPTER XI**

#### **RULES AND REGULATIONS FOR APPROVAL OF NURSE AIDE TRAINING PROGRAMS**

General Authority C.R.S. 12-38.1-103(3)  
Specific Authority C.R.S. 12-38.1-108

#### **1. STATEMENT OF BASIS AND PURPOSE**

These rules are adopted to specify procedures relevant to the approval of nurse aide training programs whose graduates shall be eligible to take the competency evaluation.

#### **2. DEFINITIONS**

- 2.1. Approval: Recognition that a nurse aide training program (hereinafter referred to as “program”) meets the standards established by the Board.
- 2.2. Board: The ~~Colorado~~ State Board of Nursing.
- 2.3. Client: The individual receiving nursing care.
- 2.4. Clinical: The setting in which students, under the direct supervision of qualified instructors, apply basic nursing knowledge and skills in the direct care of clients.
- 2.5. Competency evaluation: The examination approved by the Board consisting of two components, the written and the manual skills evaluations.
- 2.6. Curriculum: All the content required for completion of an approved nurse aide training program.
- 2.7. Laboratory: A simulated care setting where students practice nursing skills and theory application under the direction of qualified instructors.
- 2.8. Nurse aide training program: A course of study ~~which that~~ is approved by the Board or the appropriate authority in another state or territory of the United States ~~which that also~~ meets the requirements of the Omnibus Budget Reconciliation Act of 1987.
- 2.9. Pre-clinical: The first portion of the approved program that occurs prior to any direct contact with a client that must be ~~a minimum of no less than~~ 16 hours and must include, but not be limited to, the areas addressed in Section 5.2A1(a) of this Chapter.

### 3. INITIAL PROCEDURES FOR APPROVAL

- 3.1. Any institution, facility, agency, or individual desiring approval of a nurse aide training program:
- A. Must submit written application for such program upon forms provided by the Board.
  - B. Must designate a program coordinator who will be responsible for compliance with this Chapter.
  - C. ~~May arrange for consultation by the Board with individuals responsible for the establishment of the proposed program. The purpose of the consultation is to assist the applicants in meeting the rules and regulations for approval.~~ May make inquiries of the Board or the Board's designee, for the purpose of clarifying the requirements of the rules and regulations for program approval.
- 3.2. The Board or the Board's designee is responsible for:
- A. ~~Sending~~ Providing program application forms upon request.
  - B. Reviewing program applications ~~and conducting survey visits to determine if all applicable standards have been met~~ within 90 days of the date of receipt of the application and advising the applicant whether or not the program has met applicable standards.
  - C. Requesting any needed additional information from the applicant.
  - D. Conducting survey visit to determine if all applicable standards have been met.
- 3.3. Interim approval to admit students may be granted after the Board, or the Board's designee, determines the program to be in substantial compliance with all applicable rules and regulations. ~~initial review of the application by the Board staff.~~
- 3.4. Upon receiving the results of the initial survey visit and final review, the Board may grant full approval.
- 3.5. If approval is denied, the program shall be notified by mail of the deficiencies of the program. Students graduating from a non-approved program shall not be eligible to take the competency evaluation.
- 3.6. A Medicare/Medicaid-certified facility submitting an application must not have been either terminated from participating in the Medicare and/or Medicaid or have been subject to penalties that would bar it, by federal regulation, from offering a nurse aide training and competency evaluation programs within the ~~prior~~ two years preceding the submission of the application.

### 4. CRITERIA FOR EVALUATING A PROGRAM

- 4.1. Program Organization and Administration:
- A. There shall be a governing body ~~that~~ which has the authority to conduct the program, determine general policy and provide adequate financial support.

- B. There shall be an organizational plan ~~that~~which demonstrates and describes the relationship of the program to the governing body.
- C. There shall be a qualified program coordinator with the delegated authority and responsibility to administer the program in accordance with the policies of the governing body and in relation to:
1. Assisting with the development of the budget.
  2. Initial and ongoing development, implementation and evaluation of the program.
  3. Securing and supervising the appropriate number of qualified instructors including RN, LPN, and ancillary instructors who deliver classroom, laboratory, and clinical instruction to students.
  4. Securing appropriate classroom and clinical facilities, which can be located separately.
  5. Ensuring an orientation of the students to each clinical facility. Such orientation may not be included as part of the minimum 75 hour training program.
  6. Assuring that each student is clearly identified as a student in a manner easily recognizable to clients, family members, visitors and staff.
  7. Planning for classroom, laboratory and clinical learning experiences.
  8. Securing written agreements between the administration of the program and outside providers of clinical resources.
  9. Reporting to the Board, by means established by the Board, the names of all individuals who have satisfactorily completed the training program within 30 days of program completion.
  10. Providing for the safe keeping of a system of permanent records and reports essential to the operation of the program for a minimum of two years, which shall include, but not be limited to, the following:
    - ~~a.~~(a) A skills checklist that demonstrates satisfactory performance of all required skills for each student.
    - ~~b.~~(b) Student records such as attendance, test scores, etc.
    - c. Instructor records such as license, résumé, and training.
    - ~~d.~~(e) Annual report to be submitted to the Board on the form furnished by the Board.
  11. Developing written policies for admission to, dismissal from, and completion of the program.
  - ~~12. Supervising RN, LPN, and ancillary instructors who provide classroom, laboratory, and clinical instruction to students.~~

- 123. Providing for a systematic plan to evaluate the program.
- D. There shall be sufficient program instructors to provide effective assistance and supervision to -students.
- 4.2. The program shall comply with all applicable state and federal requirements including those in this Chapter.
- 4.3. The program must ensure that:
  - A. Students do not perform any services for which they have not been trained and been found proficient by the instructor; and
  - B. Students who are providing services to clients are under the general supervision of a licensed professional nurse.
- 4.4. Pursuant to section 483.152(c) of the Federal Rules and Regulations related to Nurse Aide Training and Competency Evaluation Programs (NATCEP), a long-term care facility ("facility") that receives Medicare or Medicaid funds:
  - A. ~~A long-term care facility ("facility") is~~ prohibited from charging nurse aides that it employs, or to whom it offers employment, for any portion of the NATCEP (including any fees for textbooks or other required course materials).
  - B. Must reimburse Aa nurse aide who pays for a NATCEP and becomes employed by ~~the a~~ facility within 12 months of date of certification ~~must be reimbursed by the facility,~~ prorated for the portion of the 12-month period that the individual was employed ~~atby~~ the facility.

## 5. CURRICULUM

- 5.1. The curriculum shall be developed, implemented, managed and evaluated by the coordinator and the instructors.
- 5.2. The curriculum shall provide:
  - A. A minimum of 75 hours of instruction to include ~~a minimum of no less than~~ 16 hours of classroom instruction and ~~a minimum of no less than~~ 16 hours of clinical instruction under the direct supervision of an RN or LPN.
    - 1. At least the first 16 hours of the required 75 hours shall be considered pre-clinical as defined in Section 2.9 of this Chapter.
      - a. The content of the pre-clinical portion of the program must include the following:
        - 1. Communications and interpersonal skills;
        - 2. Infection control;
        - 3. Safety/emergency procedures including the Heimlich maneuver;

4. Promoting clients' independence; ~~and~~

5. Respecting clients' rights.

B. Terminal competencies expected of the student, including but not limited to:

1. Forming relationships, communicating and interacting competently on a one-to-one basis with clients.
2. Demonstrating sensitivity to clients' emotional, social, and mental health needs through skillful, directed interactions.
3. Assisting clients in attaining and maintaining independence.
4. Exhibiting behavior in support and promotion of clients' rights.
5. Demonstrating observational and documentation skills needed in the assessment of clients' health, physical condition and well-being.

C. A list of the skills expected to be learned by the student.

D. Classroom and clinical instruction relevant to the facility's specific population.

5.3. The curriculum shall include classroom/laboratory instruction and clinical practice in:

A. Basic nursing skills including, but not limited to:

1. Caring for clients when death is imminent;
2. Taking and recording vital signs;
3. Measuring and recording height and weight;
4. Caring for the clients' environment;
5. Measuring and recording intake and output;
6. Recognizing and reporting abnormal signs and symptoms of common conditions related to all systems of the body and recognizing the importance of reporting such changes to a supervisor.

B. Personal care skills, including but not limited to:

1. Bathing;
2. Grooming, including mouth care;
3. Dressing;
4. Toileting;
5. Assisting with eating and hydration;

6. Proper feeding techniques;
  7. Skin-care;
  8. Transferring, positioning, and turning.
- C. Skills that meet the psychosocial and mental health needs of clients by:
1. Modifying aide's own behavior in response to client behavior;
  2. ~~Recognizing normal changes related to aging;~~Awareness of developmental tasks associated with the aging process;
  3. ~~Promoting client autonomy;~~How to respond to client behavior;
  4. ~~Reinforcing appropriate client behavior;~~Allowing client to make personal choices, providing and reinforcing other behavior consistent with the client's dignity;
  5. Recognizing available resources, including family, for client support.
- D. Care of cognitively impaired clients, including but not limited to:
1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
  2. Communicating with cognitively impaired clients;
  3. Understanding the behavior of cognitively impaired clients;
  4. Appropriate responses to the behavior of cognitively impaired clients;  
~~and~~
  5. Methods of reducing the effects of cognitive impairments.
- E. Basic restorative services, including but not limited to:
1. ~~Using assistive devices for mobility, eating and dressing~~Training the resident in self-care according to the client's abilities;
  2. ~~Maintaining range of motion~~Using assistive devices for transferring, ambulation, eating and dressing;
  3. ~~Turning, positioning and transferring~~Maintaining range of motion;
  4. ~~Bowel and bladder training~~Proper turning and positioning in bed and chair;
  5. ~~Caring for and using prosthetic and orthotic devices~~Bowel and bladder training;
  6. ~~Promoting clients' physical ability to function independently.~~Caring for and using prosthetic and orthotic devices;

7. Promoting clients' physical ability to function independently.

F. Knowledge and skills that promote clients' rights by:

1. Providing privacy and maintaining confidentiality;
2. Promoting the clients' right to make personal choices to accommodate their needs;
3. ~~Assisting in resolving grievances~~Giving assistance in resolving grievances and disputes;
4. ~~Caring for and maintaining security of clients' possessions~~Providing needed assistance in getting to and participating in resident and family groups and other activities;
5. ~~Maintaining an abuse free environment~~Caring for and maintaining security of clients' possessions;
6. ~~Reporting any suspicion of abuse immediately~~Promoting and maintaining the client's right to be free from abuse, mistreatment, and neglect;
7. ~~Using appropriate interventions to minimize the need for physical and chemical restraints~~Reporting any suspicion of abuse, mistreatment, and neglect immediately to the appropriate facility staff.;
8. Using appropriate interventions to minimize the need for physical and chemical restraints in accordance with the current professional standards.

**6. INSTRUCTORS**

- 6.1. The instructors shall include a minimum of one Registered Nurse who must be the program coordinator.
- 6.2. If the program admits more than 10 students, the ratio of instructors to students in a laboratory or clinical setting shall not exceed 1:10.
- 6.3. In a long-term care facility based program, The Director of Nursing may be the program coordinator, but not the primary instructor.
- 6.4. Other persons, including clients, experienced aides, and ombudsmen, may be utilized as needed to meet planned objectives.
- 6.5. Instructor qualifications:
  - A. The program coordinator shall:
    1. Hold an active Colorado RN license in good standing.
    2. Have at least two (2) years of nursing experience in caring for the elderly and/or the chronically ill of any age of which at least one (1) year must be in the provision of services in a long-term care facility.

3. ~~Attend a "Train the Trainer" program approved by the Board or have demonstrated competence in teaching adult learners as defined by Board policy. Have completed a course in teaching adults (e.g., Train the Trainer) or have documented experience in teaching adults or have one (1) year experience in managing nurse aides.~~

B. The primary instructor shall:

1. Hold an active Colorado Registered Nurse or Licensed Practical Nurse license in good standing.
2. Have at least one (1) year of nursing experience in caring for the elderly and/or the chronically ill of any age.
3. ~~Attend a "Train the Trainer" program approved by the Board or have demonstrated competence in teaching adult learners as defined by Board policy. Have completed a course in teaching adults (e.g., Train the Trainer) or have documented experience in teaching adults or have one (1) year experience in managing nurse aides.~~

C. Instructors from ancillary disciplines shall:

1. Have a minimum of one (1) year of current experience in their field.
2. Where applicable, be licensed, registered or certified in good standing in their field.

## 7. EDUCATIONAL FACILITIES

- 7.1. Classrooms, laboratories and offices shall be adequate in size, number and type.
- 7.2. Classrooms and laboratories shall be in a clean and safe condition, at a comfortable temperature and with adequate lighting.
- 7.3. Instructional materials shall be provided and be available to students and instructors.
- 7.4. Equipment must be kept clean and in good working order.
- 7.5. Supplies and equipment must be sufficient in number to meet the learning needs of the students enrolled in the program.

## 8. CLINICAL RESOURCES

- 8.1. Facilities selected for clinical experience shall provide for learning experiences in the care of the elderly and/or chronically ill of any age.
- 8.2. Other considerations in the evaluation of a facility as a clinical setting for students are:

- A. Currently in compliance with federal regulation governing nursing facilities and services.
  - B. Amount and type of administrative support.
  - C. Numbers and types of other programs and students using the facility.
  - D. Average daily census.
- 8.3. Such facilities must not have been terminated from the Medicare/Medicaid programs during the past two years or have been the subject to penalties that would bar them, by federal regulation, from ~~participating offering a nurse aide training and competency evaluation program.~~
- 8.4. Those agencies requiring licensure shall be licensed in accordance with state and federal regulations.

**9. CONTINUING APPROVAL**

- 9.1. The Board will ~~evaluate~~review annual reports from the program.
- 9.2. In all reviews other than the initial application review, the Board ~~or the Board's designee will visit the program every two years~~conduct an onsite survey of the program. ~~At minimum, all programs will receive an onsite survey every two years. The All~~ surveys will evaluate compliance with the requirements as set forth in federal regulation and this chapter. ~~This All~~ surveys, as one part of the program review, may also utilize:
- A. The quality of care provided by individual nurse aides that ~~are~~is monitored during a licensure and/or certification survey ~~and certification survey as one part of the program review.~~
  - B. Record of complaints received about the program.
  - C. Nurse Aide Competency Evaluation Program Exam pass rates -scores.
- 9.3. ~~Approval of the program will be continued by the Board provided the requirements of the Board and state and federal regulations are met.~~
- ~~9.4. The~~A report of the Board's ~~survey findings~~action regarding program review will be sent to the program coordinator with the requirements for recommendations regarding the correction of any deficiencies identified during the survey, if indicated.
- 9.4. Approval of the program will be continued by the Board, provided that the requirements of the Board and state and federal regulations are met.
- 9.5. The program may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board or the Board's designee.
- 9.6. ~~Consultation from Programs may make inquiries of~~ the Board or the Board designee's, is available for the purpose of clarifying the requirements of the rules and regulations when program revisions are being considered.

9.7. Substantive changes in the program curriculum shall be reported to the Board prior to implementation. Substantive changes shall be defined to include, but not be limited to, changes in:

- A. Program coordinator or primary instructor.
- B. Terminal competencies.
- C. Governing body.
- D. The number of hours of instruction required for successful completion of the program.
- E. The order and/or composition of curriculum content.
- F. Status of the program (e.g., inactive, closing).
- G. The provision for permanent safekeeping of student and program records if the program is closing.
- H. Clinical site(s).
- I. Program contact information.

## 10. WITHDRAWAL OF APPROVAL

10.1. The Board must withdraw approval of a nurse aide training program when:-

- A. Notified that the long term care or Medicare-certified home health agency conducting the program has lost its privilege to conduct the program resulting from federal regulation.
- B. The program refuses to permit unannounced visits by the Board or the Board's designee.

10.2. The Board may withdraw approval of a nurse aide training program when:

- A. The Board determines that the program is non-compliant with federal and state regulations after evaluating the program's response to the Board's request for documentation/proof of compliance; or
- B. If the Nurse Aide Training Program is unable to maintain an acceptable average Nurse Aide Competency Evaluation Program pass rate as determined by Board Policy.

10.3. The Board must notify the program in writing, indicating the reason(s) for withdrawal of approval of the program.

10.4. Students who have started a program from which approval has been withdrawn must be allowed to complete the course and take the competency evaluation.

## 11. INACTIVE PROGRAMS

~~11.1.~~ ~~11.1.~~ A program may be deemed to be inactive when:

A. ~~no~~ trainees have been admitted or are not expected to be admitted for a period of twelve months; or

B. A program is determined to have ceased operation, as evidenced by lack of current contact information for the program, its governing body or instructors.

11.2. In order to reactivate a program's approval status the program coordinator shall submit the following information to the Board:

- A. Names and qualifications of instructors, if anything has changed since the program became inactive.
- B. Curriculum changes to be implemented, if any.
- C. Clinical resources to be utilized.
- D. Date of student admission.